

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

- ☐ Declaration Submitted with Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)

Attorney Docket Number **03551.0143**

First Named Inventor **DOLNICK et al.**

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A High Throughput Assay to Identify Thymidylate Synthase Modulators

(Title of the Invention)

the specification of which

- ☐ is attached hereto
OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, or inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application (Numbers)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/428,345	11/22/2002	

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input checked="" type="checkbox"/> Customer Number	OR		Place Customer Number Bar Code Label Here
<input type="checkbox"/> Registered practitioner's name/registration number listed below		26712	

Name	Registration No.	Name	Registration No.
Ranjana Kadle	40,041	R. Kent Roberts	40,786
John M. Del Vecchio	42,475	George L. Snyder, Jr.	37,729
Martin G. Linihan	24,926	Rachel S. Watt	46,186
John D. Lopinski	50,846	Daniel C. Oliverio	33,435
David L. Principe	39,336	Edwin T. Bean, Jr.	16,639

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto

Direct all correspondence to: ☒ Customer Number or Bar Code Label 26712 OR ☐ Correspondence address below

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	BRUCE J.	Family Name or Surname	DOLNICK
Inventor's Signature			Date
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City	State	ZIP	Country
EAST AMHERST	NEW YORK	14051	US
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet

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NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) QI		Family Name or Surname WU	
Inventor's Signature		Date	
Residence: City BUFFALO	State NEW YORK	Country US	Citizenship CHINA
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Inventor's Signature		Date	
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City ORANGE	State CT	ZIP 06477	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) XIUKUN		Family Name or Surname LIN	
Inventor's Signature		Date	
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City NEW HAVEN	State CT	ZIP 06516	Country US

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